

118TH CONGRESS
1ST SESSION

H. RES. 434

Declaring a mental health crisis among youth in the United States, and expressing the pressing need for historic investments in mental health care for students.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2023

Mr. MOULTON (for himself, Mr. FITZPATRICK, Mr. STEWART, Mr. TRONE, and Mrs. WATSON COLEMAN) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Declaring a mental health crisis among youth in the United States, and expressing the pressing need for historic investments in mental health care for students.

Whereas over the past few decades and over the course of the pandemic, mental health issues amongst young people have steadily become worse;

Whereas the Department of Health and Human Services states that about 49.5 percent of adolescents in the United States have faced mental health disorders at some point in their lives;

Whereas the White House states that over the course of the pandemic, emergency room visits due to mental health reasons for children ages 5 through 11 increased by 24 percent and for children ages 12 through 17 increased by over 30 percent;

Whereas the Wisconsin Hospital Association Information Center states that over a third, or 37 percent, of high school students reported that they experienced poor mental health during the COVID–19 pandemic, and 44 percent reported feeling sad or hopeless during the past year;

Whereas the World Health Organization states that suicide is the fourth leading cause of death among 15–19 year olds and the second leading cause of death for 10–24 year olds;

Whereas the National Institute of Mental Health states that the consequences of adolescent mental health crises also include higher propensity to engage in substance abuse or face anxiety, depression, or other related conditions later in life;

Whereas the National Institutes of Health states that mental health crises cause immense financial burdens disproportionately affecting those from lower income or rural households;

Whereas current State mental health interventions often remain mismanaged or difficult to fund;

Whereas high-risk populations in rural or underfunded areas are less exposed to knowledge regarding mental health conditions; and

Whereas high-risk populations in rural or underfunded areas are often overlooked as places that may face severe men-

tal health crises, such that current infrastructure dedicated toward alleviating youth mental health concerns is inequitably distributed: Now, therefore, be it

1 *Resolved*, That the House of Representatives recog-
 2 nizes that the United States is currently suffering from
 3 a mental health crisis among its youth, and that in order
 4 to begin mitigating the detrimental effects of this crisis,
 5 the Federal Government must—

6 (1) encourage States, local educational agencies,
 7 schools, and community organizations to support
 8 students suffering from mental health crises at all
 9 grade levels by—

10 (A) improving the training given to edu-
 11 cators such that they are better equipped to re-
 12 spond to signs and manifestations of mental
 13 health disorders among students that they are
 14 in direct contact with;

15 (B) recognizing that young children often
 16 go mis- or undiagnosed when it comes to men-
 17 tal health disorders and therefore lack adequate
 18 support when dealing with mental health crises;

19 (C) investing greater resources toward on-
 20 campus mental health resources that prioritize
 21 recovery over penalizations against students
 22 dealing with mental health difficulties;

1 (D) removing support for “risk assess-
2 ment” teams that have evidently caused harm
3 to the mental and emotional well-being of chil-
4 dren in schools and disproportionately affect
5 students of color by perpetuating existing stig-
6 mas that only further their engagement with
7 law enforcement;

8 (E) evaluating the preservation of con-
9 tinuity of care for students whose treatment is
10 interrupted by changes in legal status, such as
11 when they turn 18; and

12 (F) recognizing the unique struggles of un-
13 documented and lower income students whose
14 legal and economic status may preclude them
15 from seeking care, and reducing pathways be-
16 tween mental health care and criminalization
17 and deportation;

18 (2) recognize that mental and physical health
19 are undoubtedly intertwined, so therefore must be
20 treated together, and that age is not a determinant
21 for who may suffer from mental illness, in that chil-
22 dren can face mental health difficulties as early as
23 elementary school;

24 (3) recognize the urgency for increasing public
25 knowledge on mental health disorders through en-

1 couraging Federal, State, and local institutions to
2 disseminate robust resources regarding the effects
3 and available treatment options for various mental
4 health disorders;

5 (4) address the current public, institutional,
6 and internalized stigmas associated with mental ill-
7 ness and thereby their accompanied isolating, preju-
8 dicial, and discriminatory repercussions by urging
9 States to adopt peer-to-peer mental health treatment
10 models that prioritize community openness;

11 (5) create a comprehensive method to contact
12 high-risk populations and isolated communities with
13 little access to knowledge about and resources to
14 support young people suffering from mental health
15 disorders; and

16 (6) address detained children in need who have
17 repeatedly been overlooked by medical professionals
18 as suffering from developmental, intellectual, or
19 other disabilities by providing them with specific
20 educational and health care services tailored to their
21 needs, such as—

22 (A) regularly screening juvenile youth for
23 mental health conditions that may have been
24 exacerbated by their time in prison; and

1 (B) understanding the relationship between
2 previous childhood trauma and children's en-
3 gagement with law enforcement, and creating
4 individualized care plans based on this under-
5 standing.

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